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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

ANTHONY GALLEY, Deceased, by and through
his Co-Successors in Interest, P.P. and B.P.,
minors, through their mother and Next Friend,
Christina O'Neil, Individually and as Co-
Successors in Interest for ANTHONY GALLEY,
Deceased,

Plaintiffs,
vs.

COUNTY OF SACRAMENTO, a public entity;
FORMER SACRAMENTO COUNTY SHERIFF
SCOTT R. JONES, in his individual capacity; Jail
Commander ANTHONY PAONESSA, Jail
Medical Director VEER BABU, M.D., ERICA
WOODS, R.N., and DOES 1–20; individually,
jointly, and severally,

Case No. 2:23-cv-00325-WBS-JC

**CO-SUCCESSOR IN INTEREST
DECLARATION OF PLAINTIFF B.P.**

DECLARATION OF SUCCESSOR IN INTEREST/CO-SUCCESSOR IN INTEREST

STATE OF CALIFORNIA)
COUNTY OF SACRAMENTO)

I, Christina O'Neil, attest and declare as follows:

1. Anthony Galley, also known as Anthony Paul, died on February 15, 2022, in the City of Sacramento, County of Sacramento, California.

2. I am the mother of Anthony Galley's son, Bodie Paul, a minor, and will represent him in all legal matters until he reaches the age of majority (18 years old).

3. My son, Bodie Paul, is Anthony Galley's co-successor in interest (as defined by Sections 377.11 of the California Code of Civil Procedure), along with my daughter, Paytin Paul, and succeeds to all of Anthony Galley's legal interests.

4. No proceeding is now pending in California or elsewhere for administration of Anthony Galley's estate.

5. Anthony Galley was unmarried at the time of his death.

6. No other person has a superior right to commence the action or proceeding or to be substituted for Anthony Galley in any action.

7. A copy of Anthony Galley's death certificate is attached to this declaration.

8. I have personal knowledge of the facts stated in this declaration. If called upon to testify to same, I am competent to do so.

I declare under penalty of perjury pursuant to the laws of the United States and the State of California that the foregoing information is true and correct.

DATED: 2/21/22

By:



Christina O'Neil, Mother of Bodie Paul (Next-of-Kin)

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

3052022054277

CERTIFICATE OF DEATH

3202234002474

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
ANTHONY		GALLEY	
2. MIDDLE		4. DATE OF BIRTH: mm/dd/yyyy	
-		05/22/1984	
5. AGE Yrs.		6. SEX	
37		M	
7. DATE OF DEATH: mm/dd/yyyy		8. HOUR (24 Hour)	
02/15/2022		0339	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		569-79-0601	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SROP at Time of Death	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION - Highest Level Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back	
GED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
TILE		CONTRUATION	
18. DECEDENT'S RESIDENCE (Street and number, or location)		19. YEARS IN OCCUPATION	
7219 CASTALIAN COURT		3	
20. CITY		21. COUNTY/PROVINCE	
CITRUS HEIGHTS		SACRAMENTO	
22. ZIP CODE		23. YEARS IN COUNTY	
95621		37	
24. STATE/FOREIGN COUNTRY		25. STATE/FOREIGN COUNTRY	
CA		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
CHRISTINA JOETTE GALLEY, MOTHER		7219 CASTILIAN COURT, CITRUS HEIGHTS, CA 95621	
28. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE	
-		-	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT - FIRST	
-		CLYDE	
32. MIDDLE		33. LAST	
ANTHONY		PAUL	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST	
CA		CHRISTINA	
36. MIDDLE		37. LAST (BIRTH NAME)	
JOETTE		GALLEY	
38. BIRTH STATE		39. BIRTH STATE	
CA		CA	
40. DISPOSITION DATE: mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION	
03/11/2022		RES. CHRISTINA GALLEY	
42. TYPE OF DISPOSITION(S)		43. LICENSE NUMBER	
CREMATE/RESIDENCE		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR	
LOWEST COST CREMATION AND BURIAL		FD2059	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE: mm/dd/yyyy	
OLIVIA KASIRYE MD		03/04/2022	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE:	
SUTTER MEDICAL CENTER SACRAMENTO		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/ICU <input type="checkbox"/> DOA <input type="checkbox"/> Hospice	
50. COUNTY		51. IF OTHER THAN HOSPITAL, SPECIFY ONE:	
SACRAMENTO		Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		53. CITY	
2825 CAPITOL AVENUE		SACRAMENTO	
54. CAUSE OF DEATH		55. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Onset and Death	
(A) PENDING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(B)		56. DEATH REPORTED TO CORONER?	
(C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		57. AUTOPTSY PERFORMED?	
(E)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(F)		58. USED IN DETERMINING CAUSE?	
(G)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since: Decedent Last Seen Alive		116. LICENSE NUMBER	
(A) mm/dd/yyyy (B) mm/dd/yyyy		117. DATE: mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
119. HANOVER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK?	
121. INJURY DATE: mm/dd/yyyy		122. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE: mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE: mm/dd/yyyy	
ALLYSON ROGERS		02/24/2022	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
ALLYSON ROGERS, DEP CORONER		ALLYSON ROGERS, DEP CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

1 of 2

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sacramento County Clerk/Recorder.

DATE ISSUED: MAY 10 2022

* 002035722 *

Donna Allred
DONNA ALLRED, COUNTY CLERK/RECORDER
SACRAMENTO COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk/Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

